

2016 VENDOR APPLICATION

Charlotte Regional Farmers Market

This application must be completed, returned to the Market office and approved by Market Management before you will be eligible to rent space. Each year every vendor must schedule a meeting with the Market Manager before renting space. This application expires December 31st of each year. To be considered for space you must submit a new application each year. Incomplete applications will not be accepted.

Please Print All Info

| Please Identify if you are a New Vendor | new or retuning vendo Returning Ven | | | |
|---|--|--|-----------------------|--|
| Vendor Classification: (Ple | ase put an X by the box | that best describes your business |) | |
| Farmer | | Grower | | |
| Prepared Food/Baked Good | ds | Crafter | | |
| Agricultural Re-Seller | | Concessions | | |
| Other | | | | |
| Applicant's Name: | Date: | | | |
| Business or Farm Name: | | | | |
| Business or Farm Mailing Address: | | | | |
| Street Business or Farm | /PO Box | City and State | Zip | |
| Physical Address: Street | /PO Box | City and State | Zip | |
| Business or Farm Phone #: | Check box if not to be given to | Home # Check box if not to | be given to customers | |
| Cell Phone #: Check box i | | X #: Check box if <u>not</u> to be given to co | | |
| E-Mail Address: | | | | |
| Website Address: | | | | |
| Social Media Sites: | | | | |
| Emergency Contact: | | | | |
| Emergency Contact: | Name | Home # | Cell # | |
| | Name | Home # | Cell # | |
| Which days would you like | to sell at the market? | (Please circle all that apply) | | |
| Tuesday Wedne | eday Thursday | Friday Saturday Sunday | 6 7 | |

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| List months you plan to operate: | | | | |
|---|-------------|--|--|--|
| Fully describe type of business. Please list all items that you produce or that you plan to sell. Just listing vegetables or baked goods will not be acceptable. Use additional pages if necessary. (Manager may request pictures.) | | | | |
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| I understand that this application is not a provided there are no guarantees that the | | ee will be available or provided. If space is allotted on a regular basis. | | |
| Print Full Name: | | | | |
| Applicant's Signature: | | | | |
| Date: | | | | |
| | | | | |
| Office Use Received by: | | Office Use Status: | | |
| Date Received: | | Area: | | |
| Date Entered: | | Date: | | |
| | Page 2 of 2 | Approved By: | | |

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